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STATE OF HAWAII STATE ETHICS COMM SSICK

## LOBBYIST REGISTRATION FORM

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

(Type or Print Clearly)

PARTI LOBBYIST					
NAME(Last)	(First)	(Middle)	TELEPHONE		
FOX	MARK	R	537-4508 x. 234		
1011	1 2 MCC	K	J37-4300 X. 234		
MAILING ADDRESS (Street)			FAX		
000 M			5/5 0010		
923 Nuuanu Ave.			545-2019		
(City)	(State)	(Zip	Code)		
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7711	TIT	000	06017		
Honolulu	HI	96	96817		
EMBLOVING OBOANIZATION (TW)			TELEBUIONE		
EMPLOYING ORGANIZATION (Fill in on	ily if you are employed by a busine	ess entity which has been retained to lobby)	TELEPHONE		
MAILING ADDRESS (Street)			FAX		
(City)	(State)	(Zip	Code)		
(,)	(0.0.0)	( <b>—,p</b>			

PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE		
The Nature Conser	rvancy	537-4508		
MAILING ADDRESS (Street)		FAX		
923 Nuuanu Ave.		545–2019		
(City)	(State)	(Zip Code)		
Honolulu	HI	96817		
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Sharon Tangonan		587-6240		
MAILING ADDRESS (Street)		FAX		
923 Nuuanu Ave.	·	545-2019		
(City)	(State)	(Zip Code)		
Honolulu	HI	96817		

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY							
	Agriculture		Education		Human Services	 :	Science, Technology & Economic Development
,	Communications & Public Utilities	X	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
	Consumer Protection & Commerce		Hawaiian Affairs		Labor & Employment	1	Transportation
	Culture, Arts, Historic Preservation		Health	:	Planning, Land & Water Use Management		Other: (indicate below)
Х	Ecology, Energy Environmental Protection		Housing		Public Safety & Corrections		

I hereby certify-that the information furnished above is, to the best of my knowledge, correct and complete.					
Conte		JA	JAN 31, 2005		
(Si	gnature of Lobbyist)		(Date)		
PART V AUTHORIZATION T	O LOBBY				
NAME		TITLE OF AUTHORIZING OFF	ICER OR PERSON REPRESENTED		
Suzanne D. Case					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
The Nature Conservancy			537-4508		
MAILING ADDRESS (Street)			FAX		
923 Nuuanu Ave.			545-2019		
(City)	(State)	(Zip (	Code)		
Honolulu	HI	968	17		
I hereby authorize the abov	e - named person to en	gage in lobbying activities on	behalf of the undersigned.		

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<u>۱ - ۵۱ - ۵5</u> (Date)

PARTIV

**CERTIFICATION OF LOBBYIST** 

(Signature of Authorizing Officer or Person Represented)